

# Exhibit H

Claim Form (redlined)

## \*BARCODE\*

Must be  
postmarked or  
submitted online  
NO LATER THAN  
XXXXXXX, 2025.

23andMe Claims Administrator  
PO Box 301172  
Los Angeles, CA 90030-1172  
[www.23andMeDataSettlement.com](http://www.23andMeDataSettlement.com)

## 23andMe Customer Data Security Breach Claim Form

### SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you were a U.S. resident on August 11, 2023 and you received notice from 23andMe that your Personal Information was compromised in the 23andMe Security Incident, you may submit a claim for benefits of the Settlement.

**The easiest way to submit a claim and request electronic payment is to fill out this Claim Form and submit it online at [www.23andMeDataSettlement.com](http://www.23andMeDataSettlement.com),** or you can complete and mail this claim form to the mailing address above. If you mail this claim form, you will receive your payment via check. If you want to receive an electronic payment, you must file your claim online.

**You may submit a claim for one or more of these benefits AND pre-enroll in Privacy & Medical Shield + Genetic Monitoring:**

**Monitoring Service.** Use ~~the this~~ Claim Form to ~~pre-enroll request an enrollment code to receive~~ three years of Privacy & Medical Shield + Genetic Monitoring. Once the Settlement is approved and becomes final, you will receive an email reminding you of your enrollment code and containing instructions on how to complete the enrollment process and begin this service when it becomes available. For a comprehensive list of the benefits this service provides, please see the Class Notice and/or FAQ # XX at [www.23andMeDataSettlement.com](http://www.23andMeDataSettlement.com).

**Cash Benefits.** Use this Claim Form to request money for Extraordinary Claims, Health Information Claims, and/or Statutory Cash Claims.

- 1. Extraordinary Claims:** If you spent money related to the Security Incident on or after August 11, 2023 through the date you are submitting this Claim Form, for which you have not been reimbursed, you can receive up to \$10,000 for documented approved costs. These costs are limited to: (1) unreimbursed costs, expenses, losses or charges incurred as a direct result of identity fraud or falsified tax returns that a Settlement Class Member establishes were incurred in response to the Security Incident, (2) unreimbursed costs or expenses associated with the purchase of a physical security or monitoring system that a Settlement Class Member establishes were purchased in response to the Security Incident, and/or (3) unreimbursed costs or expenses associated with seeking professional mental health counseling or treatment that you incurred as a result of the Security Incident.
- 2. Health Information Claims:** If you are a Settlement Class Member and you received notice from 23andMe that health information in your account was involved in the Security

Incident, including (i) uninterpreted raw genotype data, (ii) certain health reports derived from the processing of your genetic information, including health-predisposition reports, wellness reports and carrier status reports, and/or (iii) self-reported health condition information, you may submit a Health Information Claim.

3. **Statutory Cash Claims:** If you are a Settlement Class Member and you were a resident of Alaska, California, Illinois, or Oregon on August 11, 2023, you may submit a Statutory Cash Claim.

**If you qualify, you may file a claim to receive any or all of the benefits set forth above.**

**Claims for Cash benefits must be submitted  
-online or mailed (and postmarked) by **XXXXXX, 2025**.  
Use the address at the top of this form for mailed claims.**

*Please note: For claims that require documentation, the Settlement Administrator may contact you to request additional documents needed to process your claim.*

**Cash benefits for Extraordinary Claims are subject to pro rata reduction. Statutory Cash Claim benefits may decrease or increase depending on the number of Statutory Cash Claims and the amount of claims submitted for Extraordinary and Health Information Claims.**

For more information and answers to FAQs, a description of the monitoring program or other Settlement benefits, please visit [www.23andMeDataSettlement.com](http://www.23andMeDataSettlement.com).

**Please note that Settlement benefits will be distributed only after the Settlement is approved by the Court, any appeal period has expired, and any appeals are resolved.**

## Your Information

*We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing Admin@23andMeDataSettlement.com.*

<b>1. NAME (REQUIRED)</b>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Mi</span> <span>Last</span> </div>
<b>2. MAILING ADDRESS (REQUIRED):</b>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px; font-size: small;">Street Address</div> <div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px; font-size: small;">Apt. No.</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
<b>3. CURRENT PHONE NUMBER:</b>	(    _____    )    _____    -    _____
<b>4. EMAIL ADDRESS: (REQUIRED)</b>	_____ @ _____
<b>5. CLAIMID &amp; PIN (REQUIRED)</b>	ClaimID: _____ PIN: _____
<b>6. EMAIL ADDRESS ASSOCIATED WITH 23ANDME ACCOUNT (REQUIRED IF CLAIM ID &amp; PIN ARE NOT PROVIDED ABOVE)</b>	<p>If you do not have or are unable to locate the ClaimID &amp; PIN provided in the email you received regarding this Settlement, you must provide the email address associated with your 23andMe account.</p> <div style="text-align: center; margin-top: 20px;">         _____ @ _____       </div>

## Privacy & Medical Shield + Genetic Monitoring

All Settlement Class Members are entitled to receive three years of this comprehensive service as a benefit of the Settlement upon enrollment. To pre-enroll in this service, check the box below to be notified when your enrollment code and service is ready for use.

An enrollment code was provided to you in the notice of Settlement you received. Once the Settlement is approved and becomes final, you may use this enrollment code to complete your enrollment for in ~~You are encouraged to submit a Claim Form requesting enrollment in~~ Privacy & Medical Shield + Genetic Monitoring.

Even if you do not pre-enroll at this time by filling out this Claim Form, submit a Claim Form by the Claims Deadline, you can still enroll in for the monitoring services at any time up to or during the three years the monitoring is effective by following the instructions on the Settlement Website ~~to obtain an enrollment code~~. If you enroll after the three-year monitoring period begins, you will only receive monitoring for the remainder of the three-year period. Information regarding how to enroll will be posted on the Settlement Website after the claims period has ended.

☐ I want to pre-enroll for enroll in three years of Privacy & Medical Shield + Genetic Monitoring and be notified when I may complete my enrollment and begin this service.

You will receive a notification email with ~~an enrollment code and~~ activation instructions at the email address you provided above after the Settlement becomes final. If you would like to receive the enrollment code and instructions at an alternative email address, please provide it here.

\_\_\_\_\_ @ \_\_\_\_\_

## Cash Payment: Extraordinary Claim

If you spent money related to the Security Incident on or after August 11, 2023 through the date you are submitting this Claim Form, and you have not been reimbursed, you can be reimbursed up to \$10,000 for documented approved costs. These are limited to: (1) unreimbursed costs, expenses, losses or charges incurred as a direct result of identity fraud or falsified tax returns that a Settlement Class Member establishes were incurred as a result of the Security Incident; (2) unreimbursed costs or expenses associated with the purchase of a physical security or monitoring system that a Settlement Class Member establishes was purchased in response to the Security Incident; and/or (3) unreimbursed costs or expenses associated with seeking professional mental health counseling or treatment that you incurred as a result of the Security Incident.

You must submit Reasonable Documentation supporting your claim. This may include credit card statements, bank statements, invoices, receipts, or other documents substantiating unreimbursed costs, expenses, losses or charges as a direct result of the Security Incident, subject to the limitations set forth above.

Personal certifications, declarations, or affidavits do not constitute Reasonable Documentation, but may be included to provide clarification, context or support for other submitted Reasonable Documentation.

Complete the section below to the best of your ability and include or attach documentation supporting your claim.

<b>Loss Type and Examples of Documents</b>	<b>Date (if known)</b>	<b>Amount (if known)</b>	<b>Description of Loss or Money Spent and Supporting Documents</b> (Identify what you are attaching, and why it's related to the Security Incident)
<p>Documents showing you lost money due to identity fraud or falsified tax returns as a direct result of the Security Incident on or after 8/11/2023</p> <p><i>Examples: Account statement with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges; invoices from accountants, lawyers, or others</i></p>	<p>___ / ___ / ____</p>	<p>\$ _____. ____</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Documents showing you purchased a physical security or monitoring system as a direct result of the Security Incident on or after 8/11/2023</p> <p><i>Examples: Receipts or statements for physical security or monitoring systems purchased as a result of the Security Incident</i></p>	<p>___ / ___ / ____</p>	<p>\$ _____. -</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Documents showing you paid mental health professionals for counseling and/or treatment to help address harm related to the Security Incident on or after 8/11/2023</p> <p><i>Examples: Receipts, bills, and invoices from any mental health practitioner(s) you saw as a result of this Security Incident</i></p>	<p>___/___/___</p>	<p>\$_____.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--------------------	-----------------	---

## Cash Payment: Health Information Claim

If you received notice from 23andMe that health information in your account was compromised, including (i) uninterpreted raw genotype data, (ii) certain health reports derived from the processing of your genetic information, including health-predisposition reports, wellness reports and carrier status reports, and/or (iii) self-reported health condition information, you may file a Health Information Claim.

☐ I want to receive a Health Information Claim payment of \$100.



## Cash Payment: Statutory Cash Claim

If you were a resident of Alaska, California, Illinois, or Oregon on August 11, 2023 you may file a Statutory Cash Claim.

- ☐ I want to receive a Statutory Cash Claim payment of approximately \$100, and,  
☐ I attest that I was a resident of Alaska, California, Illinois, or Oregon on August 11, 2023.

Address on August 11, 2023 (if different than above):

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt./Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

## PAYMENT SELECTION: ONLINE CLAIM FORM ONLY

### How You Would Like to Receive Your Settlement Payment

Please select how you would like to receive your payment (select only one):

- ☐ PayPal  
☐ Venmo  
☐ Zelle

[Upon selection, the Settlement Class Member will be required to enter the email address or phone number associated with their account selection]

- ☐ Check

## Signature

I affirm under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

<b>Signature:</b>	<b>Dated:</b> ____/____/____
<b>Print Name:</b>	